

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41375

State File No.

FILED JAN 2 1951

BIRTH NO.		REG. DIST. NO. 383		PRIMARY REG. DIST. NO. 5655		Registrar's No. 409	
1. PLACE OF DEATH a. COUNTY Lawrence				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby / 021			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mt. Vernon		c. LENGTH OF STAY (in this place) 254 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbina /			
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. State Sanatorium				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) Lawrence		b. (Middle) Paul		c. (Last) Chapman	
4. DATE OF DEATH (Month) (Day) (Year) Dec. 26, 1950		5. SEX Male /		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Oct. 14, 1911		9. AGE (In years last birthday) 39		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Fireman		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Missouri /		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Harvey Chapman		13b. MOTHER'S MAIDEN NAME Blanche Tracey		14. NAME OF HUSBAND OR WIFE Virginia Chapman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 486-14-5457		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruby Ann Wilson, Mt. Vernon, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH abt. 3 yrs. 0021 yes	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from April 21 , 1950, to Dec. 26 , 1950, that I last saw the deceased alive on Dec. 25 , 1950, and that death occurred at 5:30 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) C. A. Brushner M.D. /		23b. ADDRESS Mt. Vernon, Mo.		23c. DATE SIGNED Dec. 26, 1950			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Dec. 26, 1950		24c. NAME OF CEMETERY OR CREMATORY Tulsa Okla.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. Dec. 27, 1950		REGISTRAR'S SIGNATURE Neil H. ... /		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Tassett Funeral Home Mt. Vernon, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED

DEC 29 1950

Dist. File

1250-2587

Date Filed

12-30-50

JAN 18 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed James W. Wain

Licensed Embalmer No. 4620

P. O. Address mt. Vernon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.